



**County of Los Angeles – Department of Mental Health
Service Area 7 - Quality Improvement Committee
Providence Community Services
August 13, 2013
2:00 PM- 4:00 PM**

AGENDA

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| I. Welcome and Introductions | Kari Thompson |
| II. Review of Minutes | Kari Thompson |
| III. MSHIP Survey Training | Dr. Timothy Beyer |
| IV. Auditor-Controller Presentation
LCSW | Sukeda Day, LCSW, Nina Johnson |
| V. Announcements | All |
| VI. Adjournment | Lupe Ayala |

Next Quality Assurance Committee

**September 10, 2013
2:00- 4:00pm**

**Quality Assurance Committee
September 10, 2013
1:30-2:00pm**

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 7
QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes**

Type of Meeting:	SA 7 QIC	Date:	August 13, 2013
Place:	Providence Community Services 21520 Pioneer Blvd. Suite 110 Hawaiian Gardens, CA 90716	Start Time:	2:00 PM
Chairpersons:	Lupe Ayala Kari Thompson	End Time:	4:00 PM
Members Present:	Misty Aronoff, James McEwen, Diana Perez-Johnson, Adrine Bazikyan, Marishia Phillips, Joel Solis, Grace Mesa, Rebecca Coutin, Bibianca Jauregui, Mike Ford, Deborah Lane, Tracy Schmidt, Jennifer Mitzner, Wendy Curtis, Michelle Barajas-Sanchez, Caesar Moreno, Alma Bretado, Mark Befort, Nina Johnson, J Adrian Chavez, Ashley Nanyomji, Meehee Han, Vida Lewis, Maelisa Hall, Jenni Darling, Elizabeth Powers, Michelle Hernandez, Nellie Garcia		
Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome & Introductions	Meeting was called to Order at 2:04pm Introductions were skipped due to time needed for 2 presenters.		Kari Thompson
Review & Approval of Minutes	Minutes were reviewed	Motion to approve by Misty A and second by Alma B.	Kari Thompson
MSHIP Survey Training	Power Point packet was handed out Survey period will be August 26th-30th Modifications: Adult and Older Adult survey forms are shorter. Survey can also be answered on-line. Dr. Beyer brought the SPA7 survey forms for us today.		Dr. Timothy Beyer

	<p>September 6th, 2013 Friday ALL survey forms should be submitted to Lupe at Rio Hondo. Forms need to be returned to QI Division by 9-11-13.</p> <p>Consumer Confidentiality Statement needs to be read by family and or client before administering the survey.</p> <p>Participation is voluntary not required</p> <p>Once the answers are compiled into statistics, the survey forms are destroyed.</p> <p>Survey will be given to IN OFFICE clients ONLY. We will not be surveying clients in the field. The Quality Improvement Division does not want therapists to give out survey.</p> <p>Page 4</p> <p>Reason codes: Ref- refused</p> <p>Imp- impaired Lan- language Oth- other</p> <p>There are 4 types of survey forms: Adult, Older Adult, Youth and Family They are available in 7 languages. DO NOT copy survey forms- survey must be printed out. Copy of survey will not be scannable for compiling data</p> <p>Pilot Test Online Kiosk Version- Very user friendly, need a computer available for use by clients</p> <p>Sign in: DMH2012 Password: lacdnh</p>		
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Auditor-Controller Presentation DMH Contract Compliance Training	<p>Power Point hand out given</p> <p>Review Process:</p> <ul style="list-style-type: none">Inform Contractor of reviewProvide list of clients 24 hrs priorEntrance meetingTransparency during fieldworkPrelim ExitProvide draft reportConduct formal exitObtain formal response from ContractorIssue final report <p>Assessment:</p> <p>Providing a reason why client is coming in, sx and bx in layman terms (describe behaviors), impairment (how it affects client at school) that ties back to diagnosis, make sure to ask questions to obtain specific information.</p> <p>Annual Assessment:</p> <p>what worked, contined treatment, modify objective, more involvement with collateral, check impairment, what is left that meet med necessity that need another year of treatment, continue to show impairment and link back to diagnosis, improving</p> <p>CCCP:</p> <p>For Objectives~</p> <p>SMART Objectives: Specific, Measurable, Attainable, Realistic and Time-Bound Link to functional impairment and diagnosis as documented in the Assessment Needs client signature or reason client did not sign Make goals Client driven How is the objective metal health related?</p> <p>Interventions:</p> <p>Should contain interventions that address the objectives and clients mental health condition</p>		Sukeda Day & Nina Johnson
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	<p>Progress Note: Discuss how the staff accomplished towards the CCP objective what staff did to assist client in the objective eat note must address client mental health condition.</p> <p>TCM: Placement, Consultation, linkage, Plan Dev. Plan Development and Consult for this service is specifically related to the placement and linkage activities. Services s/b related to client's mental health expressed in CCCP Show need for you to have to help client or family</p> <p>Medication Support Services: Each note should have prescribing, administering, dispensing, monitoring of medication, document side effects, compliance, response to meds. Informed consent and Annual review of medication (reviewing side effects).</p> <p>MAT- no medical necessity bill under MAT DCFS</p>		
Quality Assurance Update	Completed during Quality Assurance Subcommittee 1:30 PM to 2:00 PM		Misty Arnoff
Audit Updates	Announced before the Auditor Controller's Presentation that The Whole Child and Chcada are scheduled for Auditor-Controller Reviews.		ALL Providers
Adjournment and Next Meeting Information	Meeting adjourned at 4:15pm		

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Respectfully Submitted,

Lupe Ayala & Kari Thompson
QIC Co-Chair QIC Co-Chair

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